

COPY



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

December 13, 2010

Thair Pond, Administrator
Tomorrow's Hope - Armga
1655 Fairview Avenue, Suite 100
Boise, ID 83702

RE: Tomorrow's Hope - Armga, Provider #13G014

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure survey of Tomorrow's Hope - Armga, which was conducted on December 2, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of

Thair Pond, Administrator
December 13, 2010
Page 2 of 2

being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **December 23, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:


www.icfmr.dhw.idaho.gov

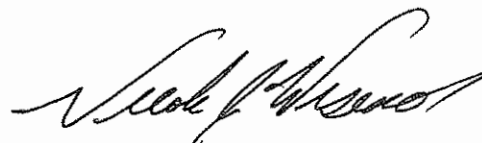
Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by December 23, 2010. If a request for informal dispute resolution is received after December 23, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,


JIM TROUTFETTER
Health Facility Surveyor
Non-Long Term Care


NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

JT/srm
Enclosures



TOMORROW'S HOPE, INC.
1655 FAIRVIEW AVENUE, SUITE 100
BOISE, ID 83702

PHONE: (208) 319-0760
FAX: (208) 319-0765

Jim Troutfetter,
Health Facility Surveyor
Non-Long Term Care
Bureau of Facility Standards
PO Box 83720
Boise, ID 83720-0009

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DEC 20 2010

FACILITY STANDARDS

RE: Plan of Corrections

December 17, 2010

Dear Mr. Troutfetter,

Please find attached our Plan of Corrections found during your recent survey of our Armga Intermediate Care Facility.

I believe we have corrected all deficiencies and answered all needs.

We appreciate your professional approach during your visit and letting our staff and continue to function with little intrusion.

We consider the survey process an integral part of our Quality Assurance. If you have any questions, please contact me at the above addresses and numbers.

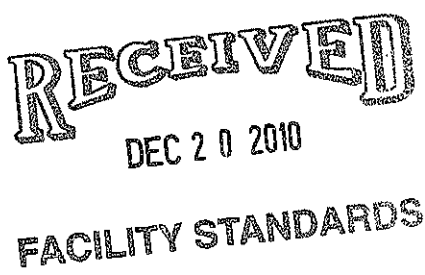
Sincerely,

Thair Pond
Administrator

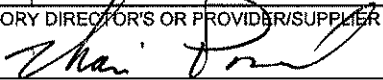
Cc. Armga, file

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/09/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/02/2010
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - ARMGA			STREET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Jim Troutfetter, QMRP, Team Leader Barbara Dern, QMRP Common abbreviations/symbols used in this report are: ADHD - Attention Deficit Hyperactivity Disorder IPP - Individual Program Plan QMRP - Para Qualified Mental Retardation Professional SIB - Self Injurious Behavior QMRP - Qualified Mental Retardation Professional	W 000			
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure behavioral assessments were completed and contained comprehensive information for 3 of 5 individuals (Individuals #1, #2, and #6) whose behavior assessments were reviewed. This resulted in a lack of information on which to base program intervention decisions. The findings include: 1. Individual #2's IPP, dated 5/3/10, documented a 17 year old female diagnosed with profound mental retardation. Her Behavior Intervention Plan, dated 9/28/10, documented she engaged in	W 214			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Thair Pond, Administrator 12/17/10

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 214	<p>Continued From page 1</p> <p>aggression (hitting, slapping, scratching, and kicking others) and SIB (biting hand or arm).</p> <p>Individual #2's record included a Functional Analysis Summary, dated 8/30/10. The Analysis included a section which stated "Condition, Details, target behavior data, fringe data" and included the following information:</p> <ul style="list-style-type: none"> - The section titled "Attention" stated "Make a lot [sic] of noise." - The section titled "Escape" stated "Did make noise and saying all done." - The section titled "Avoid" was blank. - The section titled "Ignore" stated "She got up and went w/[staffs' names]." <p>A second page attached to the Analysis included grids labeled "Attention", "Escape," and "Ignore." Circles or X's were placed in the boxes of the grid. There was not an explanation as to what the circles and X's meant.</p> <p>The Analysis document stated she engaged in maladaptive behaviors for automatic reinforcement (not defined) and included intervention recommendations.</p> <p>The Analysis did not include information related to any of the specific maladaptive behaviors identified in her 9/28/10 behavior plan (hitting, slapping, scratching, and kicking others, biting her own hand or arm) or information related to analyses of the potential causes, beyond that of automatic reinforcement such as the psychological, physiological, environmental, or</p>	W 214			

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W 214	<p>Continued From page 2</p> <p>social conditions which were eliciting and/or sustaining her Identified maladaptive behaviors.</p> <p>When asked, the PQMRP stated during an interview on 12/1/10 from 1:50 - 2:42 p.m., a behavior assessment was not completed to address all of Individual #2's maladaptive behaviors.</p> <p>The facility failed to ensure Individual #2's behavioral assessment contained comprehensive information.</p> <p>2. Individual #1's IPP, dated 11/11/10, documented a 17 year old male diagnosed with profound mental retardation, ADHD, autism, and bipolar.</p> <p>His IPP documented he engaged in aggression, SIB (head hitting), tantrums, putting inappropriate items in his mouth, and public masturbation.</p> <p>However, Individual #1's record did not contain a behavioral assessment or information related to a description of the maladaptive behaviors, analyses of the potential causes, and the psychological, physiological, environmental, or social conditions which were eliciting and/or sustaining the behaviors.</p> <p>When asked, the PQMRP stated during an interview on 12/1/10 from 1:50 - 2:42 p.m., a current assessment of behavior could not be found for Individual #1.</p> <p>The facility failed to ensure Individual #1's record contained a comprehensive behavioral assessment.</p>	W 214			

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W 214	<p>Continued From page 3</p> <p>3. Individual #6's IPP, dated 6/24/10, documented a 28 year old female diagnosed with profound mental retardation, autism, and seizure disorder.</p> <p>Further, her record included a Maintenance Program, dated 6/25/10, which documented "She will urinate in common areas of the house. Once [Individual #6] has urinated she will typically strip, and want to hang out with no clothes on." The Maintenance Program included an objective to use the bathroom with a verbal cue.</p> <p>During an observation on 11/30/10 from 5:40 - 8:30 a.m., Individual #6 was noted to urinate while sitting on a recliner in the back living room. At 8:10 a.m. staff were noted to prompt Individual #6 to go with them to change her clothes. An additional staff was noted to soak up the urine from the recliner. When asked, the staff stated Individual #6's accidents were a maladaptive behavior.</p> <p>Individual #6's record contained a Behavioral Functional Assessment, dated 10/20/10. However, the Behavioral Functional Assessment did not include information related to a description of urination in inappropriate places as a maladaptive behavior, analyses of the potential causes, and the psychological, physiological, environmental, or social conditions which were eliciting and/or sustaining urinating in inappropriate places.</p> <p>When asked, the PQMRP stated during an interview on 12/1/10 from 1:50 - 2:42 p.m., urination in inappropriate areas was a maladaptive behavior Individual #6 used to control her routine. The PQMRP further stated urination in inappropriate areas had not been</p>	W 214			

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W 214	Continued From page 4 assessed as a maladaptive behavior for Individual #6.	W 214			
W 242	<p>The facility failed to ensure Individual #6's behavioral assessment was sufficiently developed and contained comprehensive information.</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals received training in personal skills essential for independence for 2 of 5 individuals (Individuals #4 and #6) whose IPPs and program objectives were reviewed. This resulted in individuals not having training programs designed to meet their identified basic needs. The findings include:</p> <p>1. Individual #4's IPP, dated 5/25/10, documented a 23 year old male diagnosed with severe mental retardation and autism.</p> <p>His record contained a program for toileting, dated 5/25/10, containing directions to staff on what to do if individual #4 appears he is about to have an accident. However, the plan did not contain a training strategy to teach him an</p>	W 242	<p>W342 Individual 4 and 6 toileting programs updated to include a training component QMRP responsible by 12/31/10</p> <p>Programs are to be reviewed at least quarterly by QMRP/PQMRP to ensure they include a training component QMRP responsible by 1/15/11</p>		

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W 242	<p>Continued From page 5</p> <p>appropriate way to communicate his need to use the bathroom.</p> <p>When asked during an interview on 12/2/10 at 3:04 p.m., the program director stated the training plan did not contain a strategy to teach Individual #4 toileting skills.</p> <p>The facility failed to ensure objectives were developed to meet the training needs of Individual #4.</p> <p>2. Individual #6's IPP, dated 6/24/10, documented a 28 year old female diagnosed with profound mental retardation, autism, and seizure disorder.</p> <p>Her IPP included an objective to use the toilet for bowel movements 9 times a month.</p> <p>Further, her record included a Maintenance Program, dated 6/25/10, which documented "She will urinate in common areas of the house. Once [Individual #6] has urinated she will typically strip, and want to hang out with no clothes on." The Maintenance Program included an objective to use the bathroom with a verbal cue.</p> <p>During an observation on 11/30/10 from 5:40 - 8:30 a.m., Individual #6 was noted to urinate while sitting on a recliner in the back living room. At 8:10 a.m. staff were noted to prompt Individual #6 to go with them to change her clothes. An additional staff was noted to soak up the urine from the recliner. When asked, the staff stated Individual #6's accidents were a maladaptive behavior.</p> <p>However, Individual #6's IPP did not include a training objective related to the maladaptive</p>	W 242			

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W 242	Continued From page 6 behavior and/or a training program for of urinating in appropriate places. When asked, the PQMRP stated during an interview on 12/1/10 from 1:50 - 2:42 p.m., urination in inappropriate areas was a maladaptive behavior Individual #6 used to control her routine. The PQMRP further stated Individual #6's IPP did not contain a teaching strategy. The facility failed to ensure objectives were developed to meet the toileting needs of Individual #6.	W 242			
W 455	483.470(I)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation and staff interviews, it was determined the facility failed to ensure infection control procedures were followed to prevent and control infection and/or communicable diseases for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. This had the potential to provide opportunities for cross-contamination to occur and negatively impact individuals' health. The findings include: 1. On 11/30/10 at 8:09 a.m., Individual #6 was observed getting up from the recliner with wet pants. The staff present was noted to use towels to absorb the excess urine from the cushion and place a sheet over the wet area. When asked, the staff present stated Individual	W 455	W455 Couch disposed of PQ responsible by 12/10/10 All staff to be trained in proper cleaning and sanitation procedures when cleaning resident messes to reduce the possibility of cross contamination PQ responsible by 12/31/10		

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W 455	<p>Continued From page 7</p> <p>#6 had been urinating on the couch "more often than normal" and further stated it usually occurred about 1 time per month.</p> <p>The cushions on the couch Individual #6 was sitting on were not moisture resistant or waterproof and staff and individuals were noted to sit on the recliner after the accident.</p> <p>The facility failed to ensure infection control procedures were appropriately implemented.</p>			W 455			

Bureau of Facility Standards

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MM212	16.03.11.075.17(a) Maximize Developmental Potential The treatment, services, and habilitation for each resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W242.	MM212	MM212 refer to Tag W242	
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include: 1. An environmental review was conducted on 11/29/10 from 10:29 - 10:55 a.m. During that time, the following was noted: Kitchen: - The middle drawer to the left of the stove was broken. Bedrooms:	MM380	MM380 all deficiencies listed will be either repaired, cleaned, or replaced to meet criteria. PQ and Maintenance responsible by 12/31/10	

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FACILITY STANDARDS

Bureau of Facility Standards

Thair Pond

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Thair Pond, Administrator 12/17/10

(X6) DATE

Bureau of Facility Standards

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MM380	<p>Continued From page 1</p> <ul style="list-style-type: none"> - There was mold on the window in the bedroom of Individuals #2 and #6. <p>Back Living Room:</p> <ul style="list-style-type: none"> - The living room smelled of urine. - The cushion of the brown recliner was soiled. - On the right side of the raised section, the carpet had a 1 foot diameter stain. - The left and right foot rests of the red couch had a 1 foot by 6 inch stain. - The left arm rest had a 6 inch diameter stain. - The air vent on the wall contained a build up of lint. - To the right of the kitchen doorway, there was an 8 inch by 3 inch stain on the carpet. <p>Dining Room:</p> <ul style="list-style-type: none"> - The floor vent next to the sliding glass door was bent upwards and had a screw protruding from the floor approximately three-quarters of an inch. <p>Front Living Room:</p> <ul style="list-style-type: none"> - The brown couch had a 6 inch tear along the bottom. - The left and center cushions of the red couch were sagging. - The leather chair had a 6 inch by 3 inch rip with exposed foam in the center of the seat. 	MM380			

Bureau of Facility Standards

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MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W214.	MM730		
MM769	16.03.11.270.03(c)(vi) Control of Communicable Diseases and Infectio Control of communicable diseases and infections through identification, assessment, reporting to medical authorities and implementation of appropriate protective and preventative measures. This Rule is not met as evidenced by: Refer to W455.	MM769	MM769 Refer to Tag W455	